APPLICATION FOR SECONDARY REALTOR® MEMBERSHIP

I hereby apply for Secondary REALTOR® Membership in the Goldsboro-Wayne County Association of REALTORS®. Application Fee is $200. Local Annual Dues are $215. Membership dues are billed once the application process is completed and payable directly to the Goldsboro-Wayne County Association of REALTORS®.

Qualification for Membership: If elected to membership, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws, and Rules and Regulations of the above-named Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete a reasonable and nondiscriminatory written examination on such Code, Constitutions, Bylaws, and Rules and Regulations. I also understand membership brings certain privileges and obligations that require compliance.

Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement(s), such as orientation, not be completed within the timeframe established in the association's bylaws. I further understand that I will be required to complete a periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

NOTE: *Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If the applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the applicant was a REALTOR®.*

I hereby submit the following information for consideration of my application. (If additional details are needed, please include separate documentation.)

PERSONAL INFORMATION:					
First Name		Middle Name			
Last Name		Suffix ☐ Jr, ☐ III, ☐ Sr, ☐ Etc.			
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Fax:					
Primary E-mail:		Secondary E-mail:			
Broker or Salesperson's License #					
State of Licensure:		Appraisal License #			

COMPANY INFORMATION: TO BE COMPLETED BY BROKER IN CHARGE					
Office Name:					
Office Address:					
Office Phone:		Fax:			
Company Type: ☐ Sole Proprietor	☐ Partnership	☐ Corporation	☐ LLC (Limited Liability Company)	☐ Other, specify	
Your position: ☐ Principal	☐ Partner	☐ Corporate Officer	☐ Majority Shareholder		
☐ Branch Office Manager	☐ Non-principal Licensee	☐ Other			
Firm License#					
Names of other Partners/Officers of your firm:					
Broker signature_____Date_____					

PREFERRED MAILING/CONTACT INFORMATION:				
Preferred Phone: ☐ Home	☐ Office	☐ Cell		
Preferred E-mail: ☐ Primary E-mail	☐ Secondary E-mail			
Preferred Mailing: ☐ Home	☐ Office	☐ Office Mail Alternate	☐ Member Mail Alternate	

Mail Publications to:	☐	Home	☐	Office	☐	Office Mail Alternate	☐ Member Mail Alternate

Office Mailing Alternate:					
Address:					
City:		State:		Zip:	
Member Mailing Alternate:					
Address:					
City:		State:		Zip:	

APPLICANT INFORMATION:	
Are you currently a member of any other Association of REALTORS®? ☐ Yes ☐ No	
If yes, name of Association	
Type of membership held:	
Have you previously held membership in any other Association of REALTORS®? ☐ Yes ☐ No	
If yes, name of Association	
Type of membership held:	

Do you have any unsatisfied discipline pending for violation of the Code of Ethics ?[1] ☐ Yes ☐ No					
If yes, provide details.					
If you are now or have been a REALTOR® member before, please provide the information below.					
Previous NAR membership (NRDS) #					
Last date (year) of completion of NAR's Code of Ethics training requirement:					
Have you ever been refused membership in any other Association of REALTORS®? ☐ Yes ☐ No					
If yes, state the basis for each such refusal and detail the circumstances related thereto:					
Is the office address provided above your principal place of business? ☐ Yes ☐ No					
If not, or if you have a branch office, please provide that address:	Address:				
	City:		State:	Zip:	
Do you hold, or have you ever held, a real estate license in any other state? ☐ Yes ☐ No					
If so, where:					
Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years? ☐ Yes ☐ No					
If yes, provide details:					
Within the last ten years, have you been: 1) convicted of a crime punishable by death or imprisonment in excess of one year or 2) been released from confinement imposed for that conviction? ☐ Yes ☐ No					
If yes, provide details:					

[1] Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: _____ Applicant Signature: _____